

## Student Test Report On Midt 1 A

Course #: 371  
 Course Title: TMD  
 Day/Time:

Instructor: Dr. S. Fox  
 Description: TMD: Occlusion  
 Term/Year: Fall 2005

**Student Name: BROOKS, AARON J.**

**Student ID: XXXXX2639**

**Code:**

	Possible Pts.	Raw	Objective	Exam#/Essay	Percent	Grade
MIDT 1:	53.00	34.00	34.00	0	64.15%	D

Response  
 Description:

<dash>	correct response	<#>	multiple marks	<space>	no response
<alphabet>	student's incorrect response	<*>	bonus test item		

Test Items:	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50
Test Key:	C, #, B, C, B	D, E, D, A, #	B, C, B, E, B	C, C, C, D, A	D, D, C, E, A	C, A, E, E, E	C, C, D, D, #	B, A, B, , E	A, D, A, B, C	A, A, A, D, C
Answers	D, -, C, -, -	-, -, C, -, -	-, -, -, C, -	-, -, -, E, B	-, B, B, -, -	-, -, -, -, -	-, A, B, -, B	C, -, A, , -	-, E, -, -, -	-, -, C, -, A

Test Items:	51-54									
Test Key:	D, B, D, B									
Answers	E, -, B, A									

Remarks:

Student's Answer to Multiple Mark Question:

Item	Key	Student's Answer
2	AB	-
10	ACD	-
35	AD	B

- ★ 1. A patient is in your waiting room with what they describe as an excruciating headache. You most likely diagnosis is

C or D

- a. Irreversible Acute Pulpitis
- b. Myocardial infarction
- c. Subarachnoid hemorrhage
- d. Cluster Headaches

$$\text{total} = 39/58 = 67\%$$

2. Your patient states they were in a fight and received a blow in the mandible and have pain in the jaw joints and clicking. Your initial treatment would be

A or B

- a. Advise rest and soft diet only
- b. Stabilization appliance
- c. Anterior repositioning appliance
- d. Massage

3. The condition to the right would be most consistent with

B

- a. Displaced disc with reduction
- b. Restriction of movement of the right condyle
- c. Restriction of movement of the left condyle
- d. Mandibular opening of 50 mm.



4. A patient presents to your office with a symmetrical mandibular opening of 20mm. What else might you find on examination

C

- a. left lateral 5mm, right lateral 12mm
- b. left and right lateral 10mm protrusive 4mm
- c. left lateral 4mm, right lateral 5mm
- d. Opening and closing clicking of left and right TMJ's

5. Which of the next are large multinucleated cells that originate from hemopoietic stem cells of the bone marrow. (Same as macrophages).

B

- a. Osteoblasts
- b. Osteoclasts
- c. Osteocytes
- d. Chondroblasts
- e. Chondrocytes

6. TMD etiology currently is a fairly controversial topic, but based on current research, the one factor not currently believed to be a primary etiological factor in TMD in patients with *naturally* occurring occlusions is:

D

- a. Sky diving and shoot doesn't open
- b. Parafunction
- c. Stress
- d. Occlusal disharmony (malocclusion)
- e. All of the above

7. The synovial fluid:

E

- a. Is plasma and hyaluronan protein.
- b. Is viscous and yellowish.
- c. Protects cartilage from mechanical damage.
- d. Gives the nutrition and lubrication of non-irrigated areas of the articular disc.
- e. All of the above

8. The muscles most likely to be symptomatic in a temporomandibular joint dysfunction (TMD) patient
- a. masseter
  - b. medial pterygoid
  - c. mandibular closing muscles
  - d. all of the above

D

9. The TMJ is supported by
- a. temporomandibular ligament
  - b. bilateral zone
  - c. retrodiscal tissue
  - d. all of the above

A

10. In passive interarticular pressure (mandible at rest): the patient is clenching and the TMJ disc is rotated anteriorly from normal.

- a. statement 1 is false, statement 2 is false
- b. statement 1 is true, statement 2 is false
- c. statement 1 is false, statement 2 is true
- d. both statements are false

A or C or D

11. A patient opens 20mm unassisted. You can increase their opening to 40mm by pressing down on the mandibular centrals.

- a. the patient exhibits an anterior displaced disc without reduction
- b. muscle restriction of mandible
- c. shortening of TMJ ligaments
- d. all of the above

B

12. A stabilization appliance, discussed in class, its' success can be attributed to all the below except

- a. prevents complete of shortening of muscles
- b. reduction of trauma to teeth
- c. eliminates bruxism
- d. decreased interarticular pressure

C

13. Which type occlusion predisposes a patient to TMD

- a. Class I, with lateral working interference's
- b. Class II division II, with lateral non-working interference's
- c. Class III
- d. Class III with lateral working interference's

B

14. Which disorder must be considered if a patient has diffuse pain in the maxillary posterior teeth?

- a. Glossopharyngeal neuralgia
- b. Cluster headaches
- c. Temporal arteritis
- d. Tension-type headache
- e. Sinusitis

E

15. TMD splint therapy is effective in relieving the symptoms of bruxism because if the TMD splint is properly designed, it will eliminate the bruxism.

- a. True
- b. False

B

16. The articular disk is attached to the medial and lateral poles of the condylar head by?

- C
- a. Horizontal portion of the lateral TMJ ligament
  - b. Articular capsule
  - c. Collateral ligaments
  - d. Superior belly of the lateral pterygoid muscle

17. As a dentist, the initial radiograph of a TMD patient would be:

- C
- a. MRI
  - b. CT Scan
  - c. Panorax
  - d. Transcranial
  - e. Tomograph

18. When adjusting an anterior stop, the contact area on the mandibular centrals should be where:

- C
- a. Lingual surface of centrals
  - b. Facial surface of centrals
  - c. Incisal edge of centrals
  - d. Contact should allow thin articulating paper pull between teeth with patient in maximum intercuspation
  - e. Contact should be on canines, not the central

★ 19. During function and in traumatic situations, the temporomandibular joint is protected by the:

- E
- a. synovial fluid
  - b. durability of the fibrocartilage
  - c. ligament suspension
  - d. muscles of mastication

- a. a only
- b. a, c and d only
- c. b and c only
- d. b, c and d only
- e. a, b, c and d

20. The TM ligament protects the retro discal tissues from trauma created by the posterior displacement of the condyle.

- A
- a. True
  - b. False

21. Heavy anterior contact can lead to:

- D
- a. Dentin exposure
  - b. Tooth Fracture
  - c. Diastema formation
  - d. All of the above

22. A 70-year-old patient presented for evaluation of TMD. The patient's chief complaints include severe unilateral temporal headache; masseter pain; limited opening; pain on chewing. Clinical examination revealed severe pain to palpation in the temporal area; masseter muscle pain; low grade fever for several days; general malaise. What is the most significant disorder which must be considered in the differential diagnosis of this patient?

- D
- a. Myofacial pain
  - b. Non-inflammatory myalgia
  - c. Myospasm
  - d. Temporal arteritis
  - ☒ e. Cluster headaches

23. Which ligament are responsible for dividing the joint into the superior and inferior joint cavities.

- C
- a. Capsular
  - b. Temporomandibular
  - ☒ c. Discal (collateral)
  - d. Discomalleolar
  - e. Sphenomandibular

24. The synovial fluid:

- E
- a. Is plasma and hyaluronan protein.
  - b. Is viscous and yellowish.
  - c. Protects cartilage from mechanical damage.
  - d. Gives the nutrition and lubrication of non-irrigated areas of the articular disc.
  - e. All of the above

25. What is the correct sequence of layers in the surface of the functional zone of the mandibular condyle:

- A
1. Articular surface
  2. Articular zone
  3. Proliferative zone
  4. Fibrocartilage zone
  5. Calcified cartilage zone
  6. Subcondral bone

- a) 1, 2, 3, 4, 5, 6
- b. 2, 1, 3, 4, 5, 6
- c. 4, 1, 2, 3, 5, 6
- d. 2, 1, 4, 3, 5, 6
- e. 1, 2, 4, 3, 6, 5

26. TMJ is considered as a compound joint because the articular disc functions as a nonossified bone.

- C
- a. The statement is true but the reason is false.
  - b. The statement is false but the reason is true.
  - c. Both the statement and the reason are true.
  - d. Both the statement and the reason are false.

27. In the sagittal plane the articular disc can be divided into these different regions:

- A
- a. Intermediate zone, posterior band and anterior band.
  - b. Superior belly and inferior belly.
  - c. Medial pole, functional zone and lateral pole.
  - d. Horizontal portion and oblique portion.
  - e. Any of the above

28. The inner surface of the articular capsule is covered by the:

- a. Temporomandibular ligament.
- b. Sphenomandibular ligament.
- c. Discal ligaments.
- d. Retrodiscal tissue.
- e. Synovial

membrane.

29. The fifth cranial nerve innervates

- a. Sensory innervation of the muscles of mastication
- b. Infra hyoid muscles
- c. Motor muscles for facial expression
- d. Motor innervation for the cornea
- e. There is no correct answer

30. Occlusion is a controversial in the cause of temporomandibular disorders, but certain aspects of occlusion have been associated with these disorders, which one is NOT a factor in the cause of TMD

- a. Extensive vertical overlap
- b. anterior open bite
- c. Horizontal overlap
- d. Loss of posterior support
- e. All can be related to TMD

31. Your patient reports pain the face that is dull aching, hurts to chew. They most likely have an

- a. Vasculitis Problem
- b. Temporomandibular joint Problem
- c. Masticatory Muscle Problem
- d. Temporal Arthritis Problem

32. You measure mandibular opening for your TMD patient, a Angles Class II Div II. Your ruler measures 45mm which your assistant records. The actual opening measurement is

- a. Less than 45mm
- b. Equal to 45mm
- c. Greater than 45mm
- d. Unable to state, there is not enough information given

33. Which of the following could be not be a primary cause of TMD as discussed in Class.

- a. Iatrogenic procedures
- b. Mandibular Block
- c. Juniors working on patients
- d. No cuspid (canine) disclusion
- e. None of the above

34. Study models may be used routinely, although the scientific literature has not shown that occlusal problems are primary etiological factors in TMD; Clinical data does confirm the two conditions presently coexist, but the nature of the relationship between them is unclear at this time.

- a. First Statement is True
- b. Second statement is False
- c. First and second statement are false
- d. First and second statements are true
- e. The first statement is false and the second statement is true

★ 35. You examine a new patient and find working and non-working contacts in lateral and protrusive. You detect soreness on palpation of left and right masseters and temporalis muscles. What initial treatment options would you offer to the patient

- B or D
- a. Occlusal adjustment of interferences
  - b. Stabilization appliance
  - c. Orthodontic consult to correct occlusion
  - d. Stabilization appliance

36. Which of the following are not considered factors that initiate TMD

- B
- a. Severe Class II Div II Angles Occlusion
  - b. condylar changes and with degenerative arthritis.
  - c. Severe skeletal Class II Div I Angles Occlusion
  - d. Unilateral maxillary posterior lingual crossbite
  - e. Masticatory Efficiency

37. Increased anxiety may cause TMD; increased anxiety could lead to severe tooth wear in some patients.

- A
- a. First statement is true, second statement is true
  - b. First statement is true, second statement if false
  - c. First statement is false, second statement if false
  - d. First statement is false, second statement if true

38. Pain from muscles can refer pain to all of the maxillary and mandibular teeth; The specific muscles are the masseter and temporalis muscles.

- B
- a. First statement is true, second statement is true
  - b. First statement is true, second statement if false
  - c. First statement is false, second statement if false
  - d. First statement is false, second statement if true

39. Heavy Anterior Occlusion will cause what 5 specific conditions mentioned in lecture and projected on the board? Write your answers in the space provided; do not enter anything for this question on scantron. I am not asking for iatrogenic causes. (We went over the question and answered reviewed it after the quiz was over).

- a. Mobility
- b. Movement
- c. Fractures
- d. Wear
- e. Sensitivity

+5

40. Which of the following statement are true of a Disc Dislocation with reduction

- E
- a. Collateral ligaments elongate and the disc displaces anterior and medially
  - b. As the patient opens, the condyles translate and "reduction" of the disc occurs. During closing, the disc again displaces.
  - c. Also called reciprocal clicking, clicking on opening and on closing.
  - d. "Protrusive" opening usually eliminates clicking.
  - e. All of the above are true

- A
41. The stabilization appliance we will fabricate in lab is completed in two steps. The first step you have already completed, with the second step completed in the lab. What is the purpose of the second step.
- To prevent posterior tooth eruption.
  - To provide posterior occlusion if the patient needs to wear the appliance 24 hours a day and eat with it if symptoms are severe.
  - Just because Dr. Fox says so.
  - To prevent bruxing
  - To prevent clenching

- D
42. It is important with a TMD patient wearing a maxillary stabilization appliance to provide cuspid (canine) disclusion because.
- Reduced activity of the Temporalis muscle occurs by elimination of lateral working and non-working contacts
  - Reduced activity of the Masseter occurs by elimination of lateral working and non-working contacts
  - Reduced activity of the Lateral Pterygoid muscle occurs by elimination of lateral working and non-working contacts
  - A & B
  - A, B & C

- A
43. In a video clip, Dr. Okeson palpated the patient's masseter muscle and described extremely tender localized areas that cause heterotopic pain, these are called
- Trigger Points
  - Referral Symptoms
  - Pin Points
  - Primary Muscle Symptoms

- B
44. As stated by Dr. Okeson, the most important information we get from the patient is from
- clinical examination
  - history of chief complaint
  - radiographic evaluation
  - range of motion evaluation

- C
45. A TMD patient in your office describes their pain as diffuse bilateral. This would be most consistent with
- TMJ disc/joint problem
  - Cervical disc problem
  - Masticatory muscle problem
  - All of the above

- A
46. A burning type of pain is most consistent with
- Neurological dysfunction
  - TMJ dysfunction
  - Muscular dysfunction
  - Vascular dysfunction

- A
47. In a non-patient population, joint sounds and mandibular deviation are very common; On examination many patients will present with signs of joint dysfunction
- First statement is true, second statement is true
  - First statement is false, second statement is false
  - First statement is true, second statement is false
  - First statement is false, second statement is false



48. The ratio of men to women who seek TMD treatment is commonly women 9:1 to men; with a large population of older individuals with TMD symptoms associated with worn dentures and loss of occlusal vertical dimension.

- A or ~~B~~
- a. The first statement is true, the second statement is false.
  - b. The first statement is true, the second statement is true.
  - c. The first statement is false, the second statement is true.
  - d. The first statement is false, the second statement is false.

49. All these ligaments act as passive restraining devices to limit and restrict border movements and to aid in prevention of dislocation of the TMJ's EXCEPT:

- D
- a. Collateral ligaments
  - b. Capsular ligaments
  - c. TM ligaments
  - d. Subarticular ligaments

50. A patient walks into your office with signs and symptoms of TMD. Exam reveals vertical overlap of 10mm, lateral movement left – 10mm right – 12mm, lateral working interference #5, missing teeth #2, 3, 4, 13, 14, 15. Definitive treatment for this patient would most likely be:

- C
- a. Stabilization appliance, implant retained crowns and/or removable partials and stabilization appliance.
  - b. Stabilization appliance, occlusal equilibration, implant retained crowns and/or removable partials and stabilization appliance
  - c. Stabilization appliance, orthodontics, implant retained crowns and/or removable partials
  - d. Stabilization appliance, implant retained crowns and/or removable partials

★ 51. A patient complains of throbbing pain in tooth #7. A periapical radiograph reveals a large deep composite restoration, no thickening of the periodontal membrane, periodontal health within normal limits, pain on palpation of right masseter muscle, your tentative diagnosis is:

- D
- a. Irreversible pulpitis of #7
  - b. Local muscle soreness
  - c. Referred pain from masseter muscle
  - d. A and B
  - e. A and C

52. Your TMD patient has improved and indicates he is asymptomatic. You instruct your patient to stop wearing the appliance. At your patient's next check-up they are asymptomatic as long as they wear the appliance when sleeping. When you question your patient, they state symptoms resume if appliance is not worn when sleeping. Your diagnosis is:

- B
- a. Occasional Emotional Stress
  - b. Parafunctional Activity
  - c. Diurnal Bruxing

★ 53. Occlusal Non-Adaptation Focal neurologic signs, aphasia, mental confusion are all common symptoms of

- D
- a. Cluster headache
  - b. Subarachnoid hemorrhage headache
  - c. Temporal arteritis headache

d. Migraine Headache

Student Name Anna Brods Student # 711

54. ~~Migraine headache~~ Your patient presents with opening and closing clicking with intracapsular pain. Your primary treatment goal should be:

B

- a. Increase inter-incisal opening
- b. Reduction of pain
- c. Reposition disc in it's proper relation
- d. Surgery
- e. All of the above

Pick up your articulator when you leave. Bring the Blue Lab Handout that was placed in your mailbox

Oct 10, 2005- Students: *ASSAD-LIDDLE*

Oct 17, 2005- Students: *MAJORS-YEE*

You must attend the date you are scheduled for. Students have the morning off on the date they are not scheduled in lab.